

Nominee				
Name of Nominee				
Telephone ()				
Address of Nominee				
City		State	Zip Code	
Date of Birth / /				
Length of time service performed				
References				
Must be persons familiar with the nominee's service.				
A reference is deemed insufficient if it is from a member	er of the nomine	e's immediate	family.	
Reference #1	Daytime Phon	e ()		
Reference #2	Daytime Phon	e ()		
Nominator				
I hereby acknowledge that the information contained in nominee.	this nomination	is an accurate	e representation of	f the service performed by the
Nominator's name (please print)				
Telephone ()				
Nominator's Signature		Date		

All nomination forms must be accompanied by a narrative statement that describes the nominee's community service activities and also demonstrates how those activities address the community's serious social problems. Narratives should be one single-sided, single spaced typed sheet of no more than 700 words. Nominations submitted without a narrative will not be considered.

Questions: Contact the Utah Commission on Volunteers at 801-538-8700 or toll-free at 1-888-755-8824

NARRATIVE